

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 43842/101
<p style="text-align: center; margin: 0;"><b>CERTIFICATE OF MAILING</b></p> <p style="font-size: small; margin: 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p style="margin: 0;">Signature: _____</p> <p style="margin: 0;">Name: _____</p>	<p style="margin: 0;">In re Application of Kraft et al.</p> <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Application Number 09/713,600</span> <span>Filed 11/15/2000</span> </div> <p style="margin: 0; text-align: center;"><b>For METHOD, SYSTEM AND COMPUTER-READABLE MEDIUM FOR ACCESSING AND RETRIEVING COURT RECORDS, ITEMS AND DOCUMENTS</b></p> <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Group Art Unit 2177</span> <span>Examiner Miranda Le</span> </div>	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-bottom: 5px;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)             <span style="margin-left: 100px;">\$ _____</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-bottom: 5px;"> <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)             <span style="margin-left: 100px;">\$ _____</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-bottom: 5px;"> <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)             <span style="margin-left: 100px;">\$ <u>1,020</u></span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-bottom: 5px;"> <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)             <span style="margin-left: 100px;">\$ _____</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)             <span style="margin-left: 100px;">\$ _____</span> </div> </div> <div style="margin-left: 40px; margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status.         </div> <div style="margin-left: 40px; margin-top: 5px;"> <input type="checkbox"/> A check to cover the fee is enclosed.         </div> <div style="margin-left: 40px; margin-top: 5px;"> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.         </div> <div style="margin-left: 40px; margin-top: 5px;"> <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.         </div> <div style="margin-left: 40px; margin-top: 5px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.         </div> <p style="margin-top: 10px;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p style="margin-top: 10px;">I am the <input type="checkbox"/> applicant/inventor</p> <div style="margin-left: 40px; margin-top: 5px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.              Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).         </div> <div style="margin-left: 40px; margin-top: 5px;"> <input checked="" type="checkbox"/> attorney or agent of record.         </div> <div style="margin-left: 40px; margin-top: 5px;"> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).              Registration number if acting under 37 CFR 1.34(a) _____         </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;"> <u>/Gunnar G. Leinberg/</u>              Signature         </div> <div style="width: 45%; text-align: center;"> <u>July 12, 2007</u>              Date         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%; text-align: center;"> <u>Gunnar G. Leinberg</u>              Typed or printed name         </div> <div style="width: 45%; text-align: center;"> <u>(585) 263-1014</u>              Telephone Number         </div> </div> <p style="font-size: x-small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		
<input type="checkbox"/> Total of _____ forms are submitted.		

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